

**CITY OF TROY  
DEPARTMENT OF TAXATION  
100 SOUTH MARKET ST  
TROY, OHIO 45373  
(937)339-3861  
FAX (937) 440-1352**

**TROY TAX RATE 1.75%**

***THIS QUESTIONNAIRE IS REQUIRED TO BE FILED WITH OUR OFFICE***

*The purpose of this questionnaire is to determine your liability to the City of Troy and also provides the information necessary in opening the proper tax accounts for your business.*

Correct Business Name \_\_\_\_\_

and Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Fax Number (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Federal ID No. \_\_\_\_-\_\_\_\_\_

or

Owner's Social  
Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Federal Tax Year \_\_\_\_Calendar (January through December)  
\_\_\_\_Fiscal ending \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of job site in Troy \_\_\_\_\_

\_\_\_\_\_

The Business is a \_\_\_\_Sole Proprietor \_\_\_\_Partnership \_\_\_\_Corporation

Corporate Statutory Agent \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a materials supplier only with no installation of the product?

\_\_\_\_Yes \_\_\_\_No

On what date did you begin working in Troy? \_\_\_\_/\_\_\_\_/\_\_\_\_

Does the Company have employees? \_\_\_\_Yes \_\_\_\_No

Are you a non-resident employer withholding for a  
for a *resident employee only*? (Employee who resides in Troy  
but does not work in Troy) \_\_\_\_yes \_\_\_\_no

Please provide the beginning date of withholding for a *resident  
employee only*:

\_\_\_\_/\_\_\_\_/\_\_\_\_

If the company does have employees working in Troy, when  
did they begin or will begin working in Troy?

\_\_\_\_/\_\_\_\_/\_\_\_\_

We choose to remit the withholding taxes

\_\_\_\_Quarterly \_\_\_\_Monthly

**IF YOU WILL BE SUBCONTRACTING ANY WORK IN TROY,  
YOU MUST SUPPLY A LIST OF THE NAMES, ADDRESSES  
AND THE TELEPHONE NUMBERS OF THE SUB-  
CONTRACTORS. THIS LIST MUST BE RETURNED WITH  
THIS QUESTIONNAIRE.**

I understand the proper Troy Income Tax Accounts will be  
opened and all necessary forms that need immediate filing will  
be mailed.

\_\_\_\_(\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Company Contact Person

Comments\_\_\_\_\_

\_\_\_\_\_